

260 MADISON AVENUE, NEW YORK, NY 10016 (212) 532-0800

Television Recorded Commercials

(One copy of this form must be filled out and filed with AFTRA within 48 hours of engagement.)

A member is responsible for filing his or her own Member Report unless another AFTRA member (AFTRA Reporter) has accepted responsibility for filing. Failure to file for each Television Recorded Commercial engagement may subject you to a fine for each such offense. Performer must initial opposite name if AFTRA Reporter is designated.

Date of Engagement:	
Recording Studio:	Address:
Agency:	Address:
Producer:	Address:
Sponsor & Product:	Type: ☐ Program ☐ Spot ☐ Audition ☐ Library

FILL IN IF INFORMATION AVAILABLE		The only reason for requesting information on ethnicity, sex, age, and disability is for the talent unions to monitor applicant flow. The furnishing of such information is on a VOLUNTARY basis. The Producer's signature on this form shall not constitute a verification of information supplied by performers.
Cycle: ☐ 8 wks ☐ 13 wks ☐ 26 wks ☐ 39 wks ☐ 52 wks ☐ Other:		
Use Category: ☐ Wild Spot ☐ Program ☐ Network ☐ Foreign ☐ Cable ☐ Internet ☐ New Media ☐ Other:		
Fee to be Paid by:		
Date of First Release:		
Additional Information (doubling, etc.):		✕ CHECK APPROPRIATE COLUMNS BELOW

[illegible]

Group Singers: Multi-tracking or Sweetening: ☐ Yes ☐ No						(1) SEX	M	Male	☐ F	Female
Solo/Duo: Multi-tracking: ☐ Yes ☐ No Sweetening: ☐ Yes # of Tracks ☐ No						(2) AGE	40+	40 and Over		
KEY to Type of Performance:					PUP	Puppeteer	-40	Under 40		
P	Principal Performer	DS	Dancer Soloist/Duo	S9	Group Singers 9 or more	(3) ETH.	AP	Asian/Pacific		
SC	Singers Contractor	SS	Singer Soloist/Duo	D9	Group Dancers 9 or more		B	Black/African-American		
DC	Dancers Contractor	S3	Group Singers 3-5	GS	Group Speakers		C	Caucasian		
ST	Stunt Performer	D3	Group Dancers 3-5	EP	Extra Performer		LH	Latino/Hispanic		
ANN	Announcer	S6	Group Singers 6-8	HM	Hand Model		I	Native American		
PIL	Pilot	D6	Group Dancers 6-8	SE	Sound Effects		(4) PWD	Person With Disability		

The information contained in this Memorandum is obtained from the contract or contracts, verbal or written, which the undersigned employer has entered into with the members of AFTRA whose names are listed hereon. This engagement shall be governed by and be subject to the applicable terms of the AFTRA Television Recorded Commercials Contract, Code of Fair Practice for Commercial Television Broadcasting and Code of Fair Practice for Network Television Broadcasting. The undersigned certifies that all this information is true.

Employer: _____

Signature of Employer or Employer's Representative: _____

I accept responsibility for filing this report with AFTRA:

SIGNATURE OF AFTRA (MEMBER) REPORTER

Date: _____

EXHIBIT E

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